RI SOS Filing Number: 202331609280 Date: 3/24/2023 1:12:00 PM



Articles of Dissolution

DOMESTIC Limited Liability Company

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL 7-16-47, the undersigned hereby submits the following Articles of Dissolution: 1. Entity ID Number: 2. The name of the limited liability company is: BARCAS MAKET LLC 3. The date of filing of its original Articles of Organization (vas: 4. The dates of filing of all amendments to the original Articles of Organization or the most recent restatement, if any, and all subsequent amendments thereto: 5. The reason(s) for filing the Articles of Dissolution are: Sold 6. State any other information or provision, not inconsistent with law, which the members or authorized person signing the Articles of Dissolution elect to set forth: 7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL 7-16-8, the limited liability company has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.gov.]

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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8. Date when these Articles of Dissolution will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Effective date (which shall be a date certain)			
Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution, including any accompanying attachments, and that all statements contained herein are true and correct.			
Name of Authorized Person	Street Address		
* MICHAEL BARCH	* 244A Ashaway Rd		
City/Town	State	Zip Code	
* Bradford	* RI	* 02808	
Signature of Authorized Person		Date	
* M. Bru		* 3/24/23	
	Date received (Upon filing) Effective date (which shall be a date certain) Under penalty of penjury, I declare and affirm that I have examaccompanying attachments, and that all statements containe Name of Authorized Person MICHAEZ BARCA City/Town	Date received (Upon filing) Effective date (which shall be a date certain) Under penalty of perjury, I declare and affirm that I have examined these Articles of Dissolution accompanying attachments, and that all statements contained herein are true and correct. Name of Authorized Person ** MICHAEL BARCH City/Town State ** Bradfard	

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 24, 2023 01:12 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

